

DESIGNATED FACILITY TO DESTINATION STATE (IF REQUIRED)



Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator ID Number <b>WANO01001366</b>		2. Page 1 of <b>1</b>		3. Emergency Response Phone <b>(877) 577-2669</b>		4. Manifest Tracking Number <b>000120016 DAT</b>					
		5. Generator's Name and Mailing Address <b>INLAND EMPIRE OILSEEDS LLC 1200 6TH AVE - ECL 116 SEATTLE WA 98101 (425)354-9231</b>						Generator's Site Address (if different than mailing address) <b>US EPA REGION 10/OMESSA SITE 206 W RAILROAD AVE OMESSA WA 99159 (425)354-9231</b>					
6. Transporter 1 Company Name <b>BURLINGTON ENVIRONMENTAL, LLC</b>		U.S. EPA ID Number <b>WAO000001743</b>											
7. Transporter 2 Company Name		U.S. EPA ID Number											
8. Designated Facility Name and Site Address <b>BURLINGTON ENVIRONMENTAL, LLC. TACOMA PLANT 1701 EAST ALEXANDER AVENUE TACOMA, WA 98421 (253) 627-7560</b>		U.S. EPA ID Number <b>WAO020257945</b>											
9a. HM		9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))				10. Containers		11. Total Quantity		12. Unit Wt./Vol.		13. Waste Codes	
						No. Type							
<b>X</b>		1. <b>UN1230 WASTE METHANOL SOLUTION 3 PGII</b>				<b>1 TT</b>		<b>4,429</b>		<b>G</b>		<b>8001</b>	
14. Special Handling Instructions and Additional Information <b>(1) 609604-00 - ENG(131) METHANOL</b>													
15. <b>GENERATOR'S/OFFEROR'S CERTIFICATION:</b> I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.													
Generator's/Offor's Printed/Typed Name <b>MICHAEL SIBLET</b>													
Signature <i>[Signature]</i>													
Month Day Year <b>03 26 15</b>													
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: Date leaving U.S.:													
17. Transporter Acknowledgment of Receipt of Materials													
Transporter 1 Printed/Typed Name <b>DAUG RAY</b>													
Signature <i>[Signature]</i>													
Month Day Year <b>03 26 15</b>													
Transporter 2 Printed/Typed Name													
Signature													
Month Day Year													
18. Discrepancy													
18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection													
Manifest Reference Number:													
18b. Alternate Facility (or Generator) U.S. EPA ID Number													
Facility's Phone:													
18c. Signature of Alternate Facility (or Generator) Month Day Year													
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)													
1. <b>H061</b> 2. 3. 4.													
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a													
Printed/Typed Name <b>Stephen Dessemier</b>													
Signature <i>[Signature]</i>													
Month Day Year <b>03 26 15</b>													





**Stericycle®**

Environmental Solutions

1701 E. Alexander Ave.  
Tacoma, WA 98421

TACOMA  
WA 983  
27 MAR '15  
PM 2 L



**ATTENTION:  
IMPORTANT RCRA  
DOCUMENTS  
ENCLOSED**

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